

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90067 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N28492

1. Corporation Name
SANFORD PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P O BOX 232 SANFORD FL 32772-232 US	Mailing Address P O BOX 232 SANFORD FL 32772-232 US
--	--



21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 09/22/1988
22. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-2942066
23. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	27. Mailing Address Suite, Apt. #, etc. City & State Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	28. Mailing Address Suite, Apt. #, etc. City & State Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DUDLEY, LARRY 733 MONROE HARBOR PLACE SANFORD FL 32773	10. Name and Address of New Registered Agent 81 Name Paul Dupre 82 Street Address (P.O. Box Number is Not Acceptable) 798 St. Johns River Drive 83 84 City Sanford FL 85 Zip Code 32773
--	---

11. Pursuant to the provisions of Sections 617.0802 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/4/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	D THOMAS, RYAN 817 MONROE HARBOR PLACE SANFORD FL 32773	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P Kuybus, Kim 826 St. Johns River Dr. Sanford, FL 32773
TITLE <input type="checkbox"/> DELETE	D KUYBUS, KIM 826 ST JOHNS RIVER DRIVE SANFORD FL 32773	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V Dupre, Paul 798 St. Johns River Dr. Sanford, FL 32773
TITLE <input checked="" type="checkbox"/> DELETE	D GRIMES, PATRICIA 844 MONROE HARBOR PLACE SANFORD FL 32773	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T/S Malecki, Theresa 784 St. Johns River Dr. Sanford, FL 32773
TITLE <input checked="" type="checkbox"/> DELETE	D DODD, CYNTHIA 929 MONROE HARBOR PL SANFORD FL	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Babcock, Glorinda 761 Monroe Harbor Place Sanford, FL 32773
TITLE <input checked="" type="checkbox"/> DELETE	D MOKENNA, JAMES 855 ST JOHNS RE VERO DRIVE SANFORD FL	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Davis, David 814 Lighthouse Cove Sanford, FL 32773
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Sisser, Michele 964 Crows Bluff Lane Sanford, FL 32773

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2-24-99** DAYTIME PHONE #: **407-323-0364**

0014772
CR2E037 (11/98)